

CCAP Case Number: _____

Sentencing Date: _____

County: _____

Offender Age: _____

**Delivery or Possession w/ Intent to Deliver Cocaine - 1 Gram or Less,
Wis. Stat. § 961.41**

(1)(cm)1g (1m)(cm)1g

THIS WORKSHEET ONLY APPLIES TO:

Sentencing Hearings Held On or After 7/1/2005, for TIS-II Offenses (Offenses Committed On or After 2/1/2003).NOTE A: Where several options are presented, circle one and check ***Mitigating*** or ***Aggravating***. [EX. Minimal / Leader]NOTE B: Only check ***Mitigating*** or ***Aggravating*** for those factors that apply. Otherwise, leave the boxes unchecked.

OFFENSE SEVERITY	Mitigating	Aggravating
Characteristics of the Offense Weight of Cocaine: _____ grams..... Cash: \$ _____ Dealing for Profit / Not Dealing for Profit..... Possession to Accommodate Another Person	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Aggravating Factors, Wis. Stat. § 973.017 <input type="checkbox"/> N/A Concealed or Altered Appearance..... Gang-Related Offense..... Bulletproof Clothing	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Penalty Enhancers, Wis. Stat. § 939 Repeat Offender (§ 939.62) <input type="checkbox"/> Pleaded and Proved, Dangerous Weapon (§ 939.63) <input type="checkbox"/> Pleaded and Proved, Repeat Drug Offender (§ 961.48) <input type="checkbox"/> Pleaded and Proved, Distribution to Persons Under 18 (§ 961.46) <input type="checkbox"/> Pleaded and Proved, Possession Near Certain Public Places (§ 961.495) <input type="checkbox"/> Pleaded and Proved	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Role in Offense Minimal / Leader, Defendant was Manipulated or Pressured..... Abused Position of Trust / Authority, Other, specify:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

RISK FACTORS	Mitigating	Aggravating
Education Grade Completed, circle one: -9 9 10 11 12 12+ Degree Obtained: <input type="checkbox"/> None <input type="checkbox"/> GED/HSED <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Currently Enrolled	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Employment History Usually Employed..... Same Employer for Extended Period of Time, Employed When Offense was Committed or at Time of Sentencing..... Lengthy or Frequent Periods of Unemployment.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Criminal Record			
Criminal Record Not a Factor, check here <input type="checkbox"/>			
No Criminal Record		<input type="checkbox"/>	<input type="checkbox"/>
Prior Misdemeanor(s), total number <input type="text"/> Assaultive Misdemeanors, total number <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Prior felony or felonies, total number <input type="text"/> Assaultive Felonies, total number <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Prior Offense(s) Similar to Current Offense.....		<input type="checkbox"/>	<input type="checkbox"/>
Previously Placed on Community Supervision		<input type="checkbox"/>	<input type="checkbox"/>
Criminal History Understates / Overstates Risk.....		<input type="checkbox"/>	<input type="checkbox"/>
On Legal Status / Not on Legal Status when Crime was Committed		<input type="checkbox"/>	<input type="checkbox"/>
Time Since Most Recent Conviction / Incarceration: <input type="text"/> months / yrs.....		<input type="checkbox"/>	<input type="checkbox"/>
Mental and Physical Health			
Mental Health Problem(s) / Physical Health Problem(s).....		<input type="checkbox"/>	<input type="checkbox"/>
Treatment for Health Problems.....		<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and Drug Abuse			
Under the Influence When the Offense was Committed.....		<input type="checkbox"/>	<input type="checkbox"/>
Frequent Prior Abuse.....		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Prior Treatment..... <input type="checkbox"/> Never Treated For Alcohol/Drug Abuse		<input type="checkbox"/>	<input type="checkbox"/>
Social Factors			
Married or Long-Term Relationship		<input type="checkbox"/>	<input type="checkbox"/>
Resides With or Supports Children.....		<input type="checkbox"/>	<input type="checkbox"/>
Family Support or Other Support Network.....		<input type="checkbox"/>	<input type="checkbox"/>
Defendant Suffered Prior Abuse.....		<input type="checkbox"/>	<input type="checkbox"/>
Attitude			
Remorse		<input type="checkbox"/>	<input type="checkbox"/>
Accepts Responsibility.....		<input type="checkbox"/>	<input type="checkbox"/>
Detailed Rehabilitative Plan in Progress.....		<input type="checkbox"/>	<input type="checkbox"/>
Cooperated with Authorities / Prosecution.....		<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:		<input type="checkbox"/>	<input type="checkbox"/>

OFFENSE INFORMATION

Percent of Offenders Given Probation for the Offense since 2/2003 (TIS II effective date):	Penalty Classification Level:	Permissible Penalties:
40%	Class G Felony	Probation Fine — Maximum \$10,000 Maximum Imprisonment — 10 Years <ul style="list-style-type: none"> • Initial Confinement — Maximum 5 Years • Extended Supervision — Maximum 5 Years

RECOMMENDED SENTENCE RANGE

RISK FACTORS			
OFFENSE SEVERITY	Lesser	Medium	High
Mitigated	<input type="checkbox"/> Probation	<input type="checkbox"/> Prob. – 1½ yrs confinement	<input type="checkbox"/> 1 – 3 yrs confinement
Intermediate	<input type="checkbox"/> Prob. – 1½ yrs confinement	<input type="checkbox"/> Prob. – 2½ yrs confinement	<input type="checkbox"/> 2 – 4 yrs confinement
Aggravated	<input type="checkbox"/> Prob. – 2½ yrs confinement	<input type="checkbox"/> 2 – 4 yrs confinement	<input type="checkbox"/> 3 – 5 yrs confinement

OTHER FACTORS THAT MAY WARRANT SENTENCE ADJUSTMENT	Mitigating	Aggravating
PSI Recommendation	<input type="checkbox"/>	<input type="checkbox"/>
Read-In Offense(s).....	<input type="checkbox"/>	<input type="checkbox"/>
Effect of Multiple Counts	<input type="checkbox"/>	<input type="checkbox"/>
Victim Statement	<input type="checkbox"/>	<input type="checkbox"/>
Restitution Paid Before Sentencing	<input type="checkbox"/>	<input type="checkbox"/>
District Attorney (DA) Recommendation	<input type="checkbox"/>	<input type="checkbox"/>
Defense Attorney Recommendation	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>